

Exhibit I
Inmate Medical File of Jeffrey B. Sanford

NOTES

NAME: Sanford, Jeffery SS# [REDACTED]
DOB: [REDACTED] AGE: 40 SEX: M RACE: B
DRUG ALLERGIES: PCN, bee stings TETNUS:
NATURE OF PROBLEM OR REQUEST: per I/m's request

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

23 JR

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

PLAN:

naproxen 500 BIDs x 20

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE M DATE 7-12 TIME 0920

JOHN H MCFARLAND MD
AM8104894
AL11404

NOTES

NAME: Sanford, Jeffery SS# [REDACTED]
DOB: [REDACTED] AGE: 40 SEX: M RACE B
DRUG ALLERGIES: PCN, bee stings TETNUS: _____
NATURE OF PROBLEM OR REQUEST: boil vs staph

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

822R
6'

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

06/20/06 Lee County Detention Center Jeffery Sanford #310809095

This 40 YO BM has two problems.

Physical Exam: He had an abscess or cellulitis on his left buttock that has cleared up nicely with Septra. He also has a right mouth sore tooth. He is scheduled for oral surgery. He has a carious lower wisdom as well as impacted upper and lower wisdom teeth.

Impression: Healing Staph cellulitis of the left buttock; impacted wisdom teeth.

Plan: Naprosyn 500 mg b.i.d. #14. He is finished with the Septra now for a week. Recheck prn.

PLAN:

Naprosyn 500 B.i.d. #14

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL

SIGNATURE [Signature] TITLE MD DATE 6/20-6 TIME 0937

*noted 4/8/09
[Signature]
(M. Faruqi)*

NOTES

NAME: Sanford, Jeffery SS# [REDACTED]DOB: [REDACTED] AGE: 37^{yr} SEX: M RACE: BDRUG ALLERGIES: PCN, Wasps Bee's TETNUS: NATURE OF PROBLEM OR REQUEST: Eval. / D. BradyNeed Medical Clearance

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP P R T O2

ASSESSMENT:

05/31/06 Lee County Detention Center Jeffery Sanford #310809095

This 40 YO BM told the oral surgeon's nurse that he had "fluid built up around the chest cavity". He tells me that it "was just a cold". He went to the ER at EAMC. He said he wasn't put on any medicine or sent for follow up anywhere. He has had no problem with it.

Physical Exam: He is uncomfortable and he wants to get his teeth taken out. HEART: Regular without murmur. LUNGS: Clear; he has no distress at all.

Impression:

Plan: I will indicate on the chart that he is medically cleared for oral surgery. He can have Tylenol or Motrin occasionally as needed. Recheck as needed.

PLAN:

Medically clear for oral surgery.REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL SIGNATURE [Signature] TITLE MD DATE 5-31-06 TIME 0920

JOHN H MCFARLAND MD
AM8104894
AL11404

NOTES

NAME: Sanford, Jeffery SS# [REDACTED]
 DOB: [REDACTED] AGE: 37 SEX: M RACE: B

DRUG ALLERGIES: PCN, wasps & bee stings TETNUS:

NATURE OF PROBLEM OR REQUEST: eval @ Dr. Grady
yesterday. Dr. King referred to have eval.

Tracy Kazziah 749-3436 fax#
 I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE: * phone call *
 OBJECTIVE: BP P R T O2

ASSESSMENT: Dr. Grady says has to
be OK'd by Internist or
Cardiologist. Written Medical
Clearance. Then they can put
him under & remove teeth (2)
 PLAN: one on top & 3rd molars. (Impacted)
will have to be sedated.

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

SIGNATURE [Signature] TITLE LOW DATE 5/24/06 TIME 8⁴⁰ AM

NOTES

NAME: Sanford, Jeffery SS# [REDACTED]
 DOB: [REDACTED] AGE: 37 SEX: M RACE: B
 DRUG ALLERGIES: Pen, wasp stings TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: for tooth eval?
Swollen glands

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

04/11/06 Lee County Detention Center Jeffrey Sanford #3 [REDACTED]

This 37 YO BM broke his right lower wisdom tooth last month. He went to see the dentist because he had a dental abscess with it. He is on some Keflex, which has helped. **He is allergic to Penicillin.**

Physical Exam: Alert, no distress. He does have impacted wisdom tooth. He has a lot of masseter muscle spasm and swelling and tenderness. Mouth and throat otherwise clear. TM's and ear canals are clear. HEART: Regular. LUNGS: Clear; no respiratory distress.

Impression: Impacted wisdom broken wisdom tooth with abscess.

Plan: Flagyl 500 mg b.i.d. #10, Naprosyn 500 mg b.i.d. #14, and Flexeril 10 mg b.i.d. #14.

Follow up with the dentist as per their recommendations. Recheck prn.

Addendum: He also has a bruise on his left leg proximal calf medial aspect. There is a tender vein valve just about that with a little edema just distal to it. There is no redness or inflammation. I told him it would get better with the anti-inflammatory medicine as well.

Addendum: He wanted to make a big deal about whether it was the jail's _____ that caused this problem. I told him it sounded like it was a problem that was pre-existing and was just wanting for him to bite down on anything for the rotted tooth to break and cause the resulting problem. He seems very unhappy about being in the jail and having this problem. I referred him to the administrative staff.

Flagyl 500 b.i.d. #10
 Naprosyn 500 b.i.d. #14
 flexeril 10 b.i.d. #14

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____

JOHN H. McFARLAND MD

AM8104894

AL 11404

TITLE MD

DATE 4-11-06

TIME 1011

OK/25/06 Appt. = Oral Surgeon
early appt. TAY 23 = 10 AM
-28

NOTES

NAME: Santford, Jeffery SS# 3[REDACTED]
 DOB: [REDACTED] AGE: 37 SEX: M RACE: B
 DRUG ALLERGIES: PCN, wasps, bee stings TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: sent request for TAO for
Scar; c/o broken tooth + pain

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE: Ataxic, responsive + cooperative

OBJECTIVE: BP 118/84 P 66 R 18 T 99.0 O₂ 97%

ASSESSMENT: broke back molar on (2) side on 25th; has swollen lymph nodes on both sides of jaw, with tenderness. Tooth broken + noted black @ gum line. Gums swollen + tender. Call placed to Dr. King's office. Orders rcvd for ABx of Reflex 500mg TID (i.e. 8am + 11am) + Motrin for pain + send pt on Friday c/o others. Ear canals full of thick, black crusty wax also bilaterally.

PLAN: ABx Reflex 500mg i po admin now + Motrin 400mg Admin po now. Ear canals Bilat flushed. To return in 2 days to repeat if no better.

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL

SIGNATURE [Signature] TITLE CAW DATE 4/4/06 TIME 2:45pm

NOTES

NAME: Sanford, Jeffrey SS# [REDACTED]
DOB: [REDACTED] AGE: 37 SEX: M RACE: B
DRUG ALLERGIES: Ø TETNUS: _____
NATURE OF PROBLEM OR REQUEST: Follow-up to medical
records

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

IN COURT

PLAN:

inmate not here

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 2-22-06 TIME 0908

JOHN H MCFARLAND MD
AM8104894
AL 11404

Noted
2/22/06
[Signature]

2/27/06 reformed

NOTES

NAME: Sanford, Jeffrey SS# [REDACTED]
 DOB: [REDACTED] AGE: 37 SEX: M RACE: B
 DRUG ALLERGIES: φ TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: Multis CD also drug
with drawn

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

220+
6'1"

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESS 02/08/06 Lee County Detention Center Jeffrey Sanford #210000005

This 37 YO BM had a lot of trouble with his stomach over the years. He has used Levsin in the past and would like to have his family bring that to him. He says it is prescribed by Dr. Klinner. He says he is due for having an endoscopy. Actually he tells me that he hasn't taken the Levsin for a while that he has been treating himself with crack cocaine and methamphetamines. He has been in the jail and off of his drugs for about a week. He has had some loose stools. He also shows me his dry feet and tells me that he has some backache.

Physical Exam: Alert, comfortable gait observed. He is overweight. He is pleasant. HEART: Regular. LUNGS: Clear. ABDOMEN: Soft and nontender. SKIN: He shows me scars in each lateral chest wall where he apparently had armpit surgery done for gland trouble. His underarms themselves look clear.

Impression: He looks like he is in good health other than being overweight. I told him that his bowel trouble may clear up just being off the dope.

Plan: We will see how he does. We will check him back in a month or sooner as needed particularly if he complains of any blood in his stools, etc. We will get medical records. Levsin prn but I told him that he may not need it.

medical records

Levsin prn

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE JOHN H. McFARLAND MDTITLE MDDATE 2-8-06 TIME 0918

AM8104894

AL 11404

NOTES

NAME: Sanford, Jeffrey SS# [REDACTED]

DOB: [REDACTED] AGE: 37 SEX: M RACE: B

DRUG ALLERGIES: Ø TETNUS: _____

NATURE OF PROBLEM OR REQUEST: Mult: C10 drug use
abd problems etc.

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP 112/74 P 64 R 20 T _____ O2 98%

ASSESSMENT: Alert & responsive BS 129

Warm & dry to touch Cole 1000 E1m
C10 drug with abuse from "Cocaine & meth"
Long up abd pain on urms Ø to him

PLAN: Relax Engage See MD let all go
up fluids

REFER TO: PA/PHYSICIAN MENTAL HEALTH _____ DENTAL _____

SIGNATURE: Stewart TITLE: PR DATE: 2/7/06 TIME: 1450

SS# [REDACTED]

NAME Sanford, Jeffery DOB 7/11 AGE 37 SEX M RACE B
 DRUG ALLERGIES Q TETANUS _____
 NATURE OF PROBLEM OR REQUEST Assessment of old wound
on Street 5-6 wks ago.

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

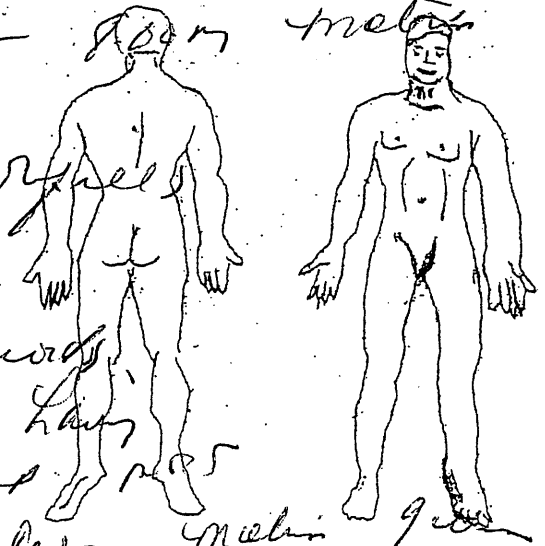
HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP 120/70 R T

ASSESSMENT:

Alert & responsive. Skin warm
 & dry to touch. Color good. T/M has
 old injury to Rt wrist & forearm
 have been ways on it making
 progress well. Good capillary refill.
 No acute distress.



PLAN:

T/M signed Release for records.
 But signed nothing TP. State has
 problem don't need see Jap. But
 will write back if needed. My melan 9/11

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL

SIGNATURE

[Signature]

TITLE

LPN

DATE

7/19/03

TIME

0945

MEDICATION SHEET - ADMINISTRATION RECORD

P & L FORMS #3021 (for A03 print programs)

June 2006

[illegible]

LEE COUNTY DETENTION CENTER
INMATE REQUEST SLIP

Name

Jeffrey J. [Signature]

Date

D-6
LOCATION
#-5-06

☐ Telephone Call

☐ Doctor

☐ Dentist

☐ Time Sheet

☐ Special Visit

☐ Personal Problem

☐ Other

Briefly Outline Your Request. Give To Jailer

Tylenol for TOOTH PAIN

Do Not Write Below This Line - For Reply Only

7/5/06 - 4 Tylenol given

[Signature]

Approved _____

Denied _____

Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____

Time Received _____

CORRECTION OFFICER _____



E-mail:
lcso@mindspring.com

SHERIFF OF LEE COUNTY

JAY JONES

P.O. BOX 688
OPELIKA, AL 36803-0688



Phone (334) 749-5651
Fax (334) 749-4835

Lee County Detention Center

Fax Cover Sheet

Date: 07/27/06

Time: 1400

Attention: Dr. Brady's Office

RE: Inmate Surge Fax on m.
Chen

Number of Pages: 2

From: Medical Department
Nursing Staff

Phone: (334) 737-3590 or 3591

Fax: (334) 737-3574

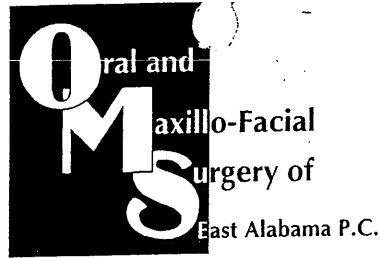
Fax #

749-3323

Com phyp ~~ph~~

1405 7/27/06

LS.



James D. Grady, DMD
James M. Putnam, DMD
20-B Medical Arts Center
Opelika, AL 36802
(334) 749-3436

Today's Date April 7, 2006

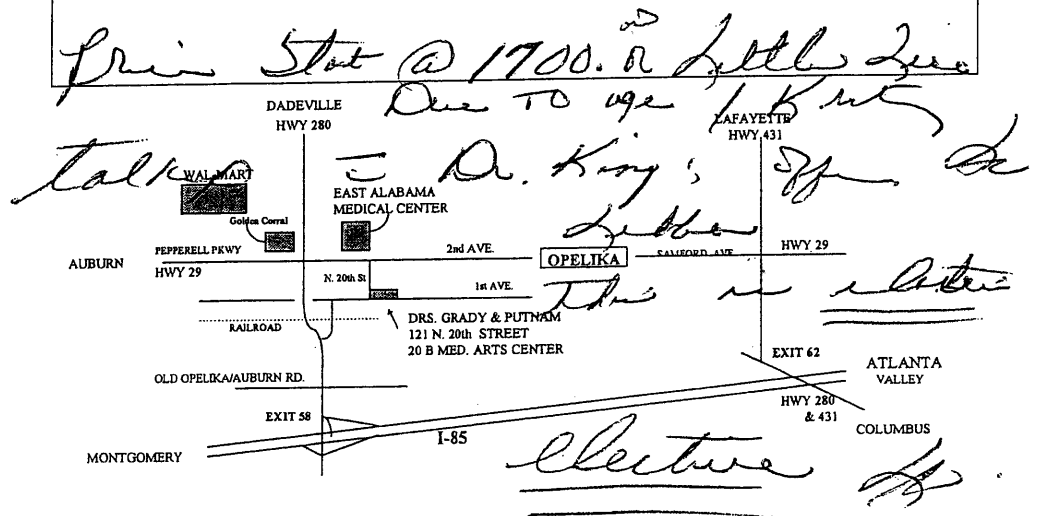
Patient's Name Jeffery Sanford

Appointment Date _____ Day _____ Time _____

Referred by Dr. King

The above named patient has been referred to your office for the reasons indicated below. Please extend to this patient your sincere concern and careful attention.

Reason for Referral: Eval & Ext 3rd molars.



Lee County Detention Center
INMATE REQUEST SLIP

F-6
LOCATION

Name JEFFERY B. SANFORD Date 5-18-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

COULD IT BE POSSIBLE TO RECEIVE
 A COUPLE OF ORGEL PIERCE & SOMETHING
 TO TAKE FOR TOOTH IN MY MOUTH

Do Not Write Below This Line - For Reply Only

Given 5/18/06 AM + PM
Nurse Gristik

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

F-6

LOCATION

Name JEFFERY B. SANFORD Date 5-13-06

☐ Telephone Call
 ☐ Doctor
 ☐ Dentist
 ☐ Time Sheet

☐ Special Visit
 ☐ Personal Problem
 ☒ Other

Briefly Outline Your Request. Give To Jailer

REQUEST FOR TOOTH-ACHE MED.
PLEASE CONSIDER, IN PAIN.

ORAGEL OR AMBSCOL

THANK YOU

Do Not Write Below This Line - For Reply Only

5/14/06 Tylenol + Oragel sent

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

INMATE REQUEST SLIP

D-4
LOCATION

Name JEFF SANFORD Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

TOOTH PAIN MED TYLENOL

STICK

Do Not Write Below This Line - For Reply Only

7/14/06 Tylenol + oragel given

Nurse GINTRE

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

LEE COUNTY DETENTION CENTER

INMATE REQUEST SLIP

D-6

LOCATIONName JEFFERY B. SANFORD Date 7-6-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

I NEED TOOTHACHE ORASOL &
 PAIN PILLS FOR PAIN IN JAW

Do Not Write Below This Line - For Reply Only

07/07/06 11 TYR 2 pack
Orange gum

[Signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

REQUEST

SLIP

~~F-6~~

JEFFERY SANFORD

6-11-06

TO: NURSE

REQUEST FOR ORASOL
'ACKS & TYLENOL FOR VERY BAD
TOOTH-ACHE

6/11/06 given ~~Jefferson~~

Lee County Detention Center
INMATE REQUEST SLIP

LOCATION

Name Sanford, Jeff Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

TOOTH PAIN HAS INCREASED
NEED TYLENOL

Do Not Write Below This Line - For Reply Only

6/15/06 Tylenol + Oraisol gel x 3 packs
given
Nurse Gifford

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-6

LOCATION

Name JEFF SANFORD Date 6-13-06

☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☐ Personal Problem☐ OtherBriefly Outline Your Request. Give To Jailer

REQUEST FOR TYLENOL & ORASOL
FOR PAIN IN TOOTH & JAW
THANK YOU!

Do Not Write Below This Line - For Reply Only

6/13/06 Tylenol & Orasol gel
given
Nurse Griffith

states has risen in private area

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

121 2nd ST. Ph. (334) 745-5756 OPELIKA, ALA. 36801**RECEIPT**

Rx 704782 Dr DR JAMES D GRADY
JEFFERY SANFORD---LCSO 05/23/2006
LEE CO DETENTION CTR
Drug: DOXYCYCLINE 100-MG TABS QT Qty: 10
NDC: 00603-3482-28 Mfg: QUALITEST
Price \$8.90
Charged to LEE COUNTY SHERIFF DEPT #217182

Signature: _____



4000001379560

**MEDICAL ABPS Pharmacy**121 2nd ST. Ph. (334) 745-5756 OPELIKA, ALA. 36801**INSURANCE
RECEIPT**

Rx 704783 Dr DR JAMES D GRADY
JEFFERY SANFORD---LCSO 05/23/2006
LEE CO DETENTION CTR
Drug: PROPOXY/APAP 100/650MG TABS QT Qty: 12
NDC: 00603-5468-32 Mfg: QUALITEST
Price \$8.40
Charged to LEE COUNTY SHERIFF DEPT #217182

Signature: _____



4000001379570

REQUEST SLIP

F-6

JEFFERY B. SANFORD

~~TO~~ NURSE GRIFFIN

MAY I PLEASE HAVE SOMETHING FOR
BAD TOOTH ACHES AND SOME ORGEL PACKS
TO MAKE IT THROUGH THE NIGHT. PLEASE

~~THANK~~ YOU

05/20/06 # Tylenol 3 packs of Orgel
Gunn
Chucky Stewart

MEDICATION SHEET - ADMINISTRATION RECORD

P & L FORMS #3021 (for A03 print programs)

Medications		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
Keflex 500mg - qAM + 11 q PM x 7 days 4/4/06		0800																														
		2100																														
Motrin 400mg BID 4/4/06		0800																														
		2100																														
Loratab 7.5mg i PO BID #6 4/4/06		0800																														
		2100																														
Magyl 500mg BID #10 8 RF 9/1/06		0800																														
		2100																														
Naproxyn 500mg BID #14 2 RF 4/11/06		0800																														
		2100																														
Flexen 10mg BID #14 4/11/06		0800																														
		2100																														
AM	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11											
PM	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22											
AM	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31														
PM																																

Charting For King Through _____ Telephone No. _____ Medical Record No. _____

Physician _____ Alt. Telephone _____

Alt. Phys. _____ Rehabilitative Potential _____

Allergies _____ Admission Date _____

Diagnosis _____

Medicaid Number _____ Medicare Number _____ Complete Entries Checked 6/1/06 Title CA Date 4/4/06

I.D. NUMBER

696042

PLEASE USE A BLACK PEN

**PATIENT SHOULD HAVE A
TUBERCULIN SKIN TEST
IF HIV POSITIVE**

Lee County Detention Center
INMATE REQUEST SLIP

F-6
LOCATION

Name JEFFERY SANFORD Date 6-5-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

NEED SOMETHING FOR TOOTHACHE

Do Not Write Below This Line - For Reply Only

6/5/06 sent
Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

Name JEFFERY B. SANFORD Date 6-8-06 ^{F-6}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I WOULD LIKE TO HAVE A
COUPLE OF TYLENOL FOR
PAIN IN TOOTH.

THANK YOU

Do Not Write Below This Line - For Reply Only

6/9/06 ii TYL given

Nurse, Stew

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

NAME JEFFERY B SANFORD Date 6-7-06 LOCATION F-6

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

CAN I HAVE SOMIN FOR TOOTH ACHIE

Do Not Write Below This Line - For Reply Only

6/7/06 oragel + Motrin 400mg given
CHS A
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff
Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center

INMATE REQUEST SLIP

F-6

LOCATIONName JEFFERY B. SANFORD Date JUNE 2, 06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

MAY I PLEASE HAVE A COUPLE OF ASPIRINS
 FOR REAL BAD TOOTH ACHE, AND COUPLE
 PACKS OF ORASOL.

THANK YOU

Do Not Write Below This Line - For Reply Only

6/2/06 sent
 Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

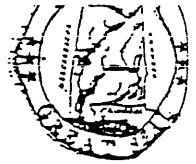
Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)



LEE COUNTY DETENTION CENTER



JAY JONES, SHERIFF

P.O. BOX 2407
OPELIKA, AL 36803

PHONE (334) 737-3582
FAX (334) 737-3574

DATE: 5/31/06
ATTN: Dr. Grady's Office 749-3223
FROM: Nursing
MESSAGE: medical clearance

NUMBER OF PAGES INCLUDING COVER SHEET 2

faxed
5/31/06
[Signature]

MEDICATION SHEET - ADMINISTRATION RECORD

P & L FORMS #3021 (for A03 print programs)

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Darvocet #12 + Bid	0800																															
05/23/06	3100																															
Vibra-Tabs (Doxycycline)	0800																															
05/23/06	3100																															

	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11
AM																						
PM																						
	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22
AM																						
PM																						
	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31				
AM																						
PM																						

Charting For		Through		Telephone No.		Medical Record No.	
Physician				Alt. Telephone			
Alt. Phys.		Dr. Brady		Rehabilitative Potential			
Allergies				Admission Date			
Diagnosis				Complete Entries Checked:		Date:	
Medicaid Number		Medicare Number		By: <i>Stewart</i>		Title: <i>LP</i>	
Resident		Birth Date		Resident Code		Room No. <i>7-1</i>	
						Bed Facility Code	

LEE COUNTY SHERIFF'S DEPARTMENT RECORD OF MEDICAL EXAMINATION

(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Sanford, Jeffrey
2. Date: 5/23/06
3. Time: 1000
4. Reason treatment was needed: Dental exam
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? Dr. Brady
8. Was inmate treated at the jail? yes
9. Who examined the inmate? Dr. M^r Farland / Dr. King
10. Corrections Officer's name: Pantelis 43029 Signature: Chris Pantelis

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: Exam infected tooth #32
2. Prognosis: good
3. Is additional treatment needed? yes If so, please specify if other than medication:
after final medical work-up
4. Medication prescribed: Vibramycin 100mg #10 + po bid & refill Darvocet W 100 #12
7 po q 60 prn pain & refill
5. Special instructions for administration: Ø
Chris Stortz
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):
Ø

[Signature]
Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

Jane Kiggins RN

INMATE REQUEST SLIP

F-6

LOCATION

Name JEFFERY B. SANFORD Date MAY 30, 06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

NURSE

I NEED SOMETHING FOR PAIN IN TOOTH
AND JAW. ALSO I WOULD LIKE SOME ORGEL
TOOTH-ACHE MED.

Do Not Write Below This Line - For Reply Only

5/30/06 Orge 9 min
(1) down to 1 min
in 7 min

Nurse [Signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center

INMATE REQUEST SLIP

F-6
LOCATION

Name JEFFERY B. SANFORD Date 5-29-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

DEAR NURSE;
NEED SOMETHING FOR PAIN IN TOOTH
& JAW. PLEASE!
THANK YOU

Do Not Write Below This Line - For Reply Only

05/29/06 You have ordered
for pain a Daxycilin
for injection. You will
see our MD in AM

Daniel M. Stewart
 Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

F-6

LOCATION

Name JEFFERY B. SANFORD Date 5-28-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

CAN I PLEASE HAVE A COUPLE OF ORASOL
GEL PACKS + 2 TYLENOL PLEASE. FOR HEADACHE,
JAWACHE, THROAT SOAR + TOOTHACHE

Do Not Write Below This Line - For Reply Only

5/29/06 already address
down to see me in
Am

nurs. Steen

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

MS. STEWART OR MS. GRIFFIN F-6
LOCATION

Name JEFFERY B. SANFORD Date 5-17-06

☐ Telephone Call
 ☐ Doctor
 ☐ Dentist
 ☐ Time Sheet
☐ Special Visit
 ☒ Personal Problem
 ☐ Other

Briefly Outline Your Request. Give To Jailer

MAY I PLEASE HAVE SOMETHING TODAY
 TO TAKE FOR VERY BAD TOOTH ACHE,
 AND AN APPOINTMENT TO SEE ONE OF
 THE NURSES CONCERNING SOME TYPE OF
 PRESCRIPTION FOR PAIN UNTIL TOOTH IS
 REMOVE. PLEASE CONSIDER
 THANK YOU.

Do Not Write Below This Line - For Reply Only

5/17/06 if typ sent you
 have asked you have
 the dentist you're down
 to see oral surgeon!!!

Nurse Stewart
 Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant
 ☐ Chief Deputy
 ☐ Sheriff
 Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

(MS. STEWART)

F-6

LOCATION

Name JEFFERY B. SANFORD Date 5-16-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet

☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer (MS. STEWART)

COULD I PLEASE HAVE SOMETHING
TO TAKE FOR A TOOTH-ACHE, PLEASE!
AS SOON AS POSSIBLE
THANK YOU.

Do Not Write Below This Line - For Reply Only

5/17/06 # motion given

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

SECTION OFFICER _____

MUR

INMATE REQUEST SLIP

F5
LOCATION

Name JEFFERY B. SANFORD Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet

☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Problem

NEED *on* *for Teeth*
ACTH *Danout*
Roxyclo

Do Not Write Below

5/27/00 *pill* *DO NOT*
Jefferson

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

F-6
LOCATION

Name JEFFERY B. SANFORD Date 5-23-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

DEAR NURSE STEWART OR GRIFFIN
NEEDING SOMETHING FOR TOOTHACHE
AND SOMETHING FOR EAR INFECTION; PLEASE
CONSIDER

THANK YOU

Do Not Write Below This Line - For Reply Only

5/24/06 saw dentist / doctor - your on
pain meds + antibiotics.

Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

INMATE REQUEST SLIP

F-6

LOCATION

Name JEFFERY B. SANFORD Date 5-21-06

☐ Telephone Call
 ☐ Doctor
 ☐ Dentist
 ☐ Time Sheet
☐ Special Visit
 ☒ Personal Problem
 ☐ Other

Briefly Outline Your Request. Give To Jailer

DEAR NURSE, THANK YOU FOR THE PAIN
 PILLS & CRASOL, BECAUSE THIS BROKEN
 TOOTH CAUSES ME MUCH PAIN EVERY DAY.
 MY JAW IS SWOLLEN, MY EAR ACHES AND
 MY GLANCES ARE SWOLLEN ALSO. DO YOU
 THINK ITS FROM THIS TOOTH

Do Not Write Below This Line - For Reply Only

5/23/06 You Saw Dr. Gaud
 today & started on 2
 med's.

Nurse [Signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant
 ☐ Chief Deputy
 ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

ORAL AND MAXILLOFACIAL SURGERY OF EAST ALABAMA, PC
Dr. James D. Grady **Dr. James M. Putnam**

(Page 1 of 2)

PATIENT NAME: _____ DATE OF BIRTH: _____

Date and time of procedure scheduled: _____

Dear patient:

You have a right to be informed about your diagnosis and planned surgery, so that you may make a decision whether to undergo a procedure after knowing the risks and hazards. This disclosure is not meant to frighten or alarm you. It is simply an effort to make you better informed so you may give your informed consent to the procedure.

POSSIBLE COMPLICATIONS OF:
(May be variable to occurrence)

1. ALL SURGERIES

- a. Soreness, swelling, bruising and restricted mouth opening during healing, sometimes related to swelling and muscle soreness, and sometimes related to stress on the muscles or jaw joints (TMJ). Depending on the nature of the procedure, these problems may persist for 5-14 days or more.
- b. Bleeding, usually controlled, but may be prolonged and require additional care.
- c. Drug reactions or allergies, which may be severe.
- d. Infection, possibly requiring additional care.
- e. Cracking or bruising of the cheeks, lip, and corners of mouth.
- f. Additional procedures may be required, including tooth/teeth removal.
- g. TMJ problems may develop or worsen and may persist indefinitely.
- h. Damage to adjacent teeth or filings and the surrounding tissue.
- i. Sharp ridges or bone splinters; usually these resolve with time, but in some cases, additional surgery to smooth area may be required.

2. All tooth extractions and or impactions:

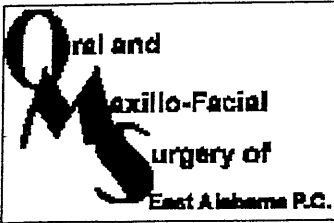
- a. DRY SOCKET; discomfort occurring a few days after extraction; requires further care.
If moderate-severe pain occurs after the 2nd day, please call our office.
- b. Sometimes small root pieces break off and may be deliberately left in place to avoid doing damage to the nearby vital structures, such as nerves or the sinuses.

3. LOWER TEETH

- a. NUMBNESS: Due to the proximity of roots to the nerve (especially wisdom teeth), it is possible that the nerve may be bruised or injured during the removal of the tooth. The lip, chin, gums, or tongue could thus feel numb (resembling local anesthetic injection), or exhibit other abnormal sensations, and this could remain for days, weeks, or very rarely, permanently.

4. UPPER TEETH

- a. SINUS INVOLVEMENT: Due to the closeness of the roots or upper back teeth to the sinus from a root top being displaced into the sinus, a possible sinus infection and/or sinus opening may result, which may require medication and/or additional surgery to correct.



Day of Surgery Reminder

- It is very important that you do not eat or drink (including water) after midnight the night before the procedure. ~~You may have small sips of cold water to take your prescription dosage two hours before your appointment.~~
- Please do not wear fingernail polish, acrylic nails, or makeup foundation the day of the procedure.
- Wear hair loosely, **no ponytails or buns.**
- Please remove dentures or partials.
- It is okay to brush teeth or rinse mouth before coming in for an appointment.
- Leave all belongings with responsible ride (purses, jackets, hats, sunglasses, watches, or bracelets).
- Please wear comfortable clothes (jeans, jogging pants, **short sleeve shirt** so we can have free access to your arms, and tennis shoes)
- Please bring your unsigned consent form given to you during your consultation.
- Please bring responsible driver with a car to remain in the office during procedure and assist with your care after surgery for at least 24 hours. **We will not begin your surgery unless you have a responsible driver in the office at time of appointment.**
- If you use an inhaler, please bring the inhaler into the surgery room.
- If you use a glucometer, please bring the glucometer into the surgery room.
- Please use restroom before surgery.
- Have cool soft food available ahead of time for after surgery. (Pudding, boost, yogurt, cottage cheese, jello, carnation instant breakfast, and/or ice cream.)



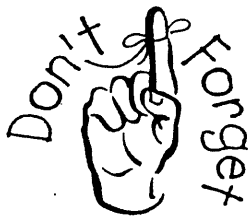
SHOPPING LIST SUGGESTIONS

DAY OF PROCEDURE:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Pudding | <input type="checkbox"/> Frozen Yogurt |
| <input type="checkbox"/> Jello | <input type="checkbox"/> Juices |
| <input type="checkbox"/> Ice Cream | <input type="checkbox"/> Soft Drinks |
| <input type="checkbox"/> Milkshakes | <input type="checkbox"/> Carnation Instant Breakfast |

DAY 2 THRU 7:

- | | |
|---|--|
| <input type="checkbox"/> Baked Potato | <input type="checkbox"/> Grits |
| <input type="checkbox"/> Scrambled Eggs | <input type="checkbox"/> Mashed Potatoes |
| <input type="checkbox"/> Soups | <input type="checkbox"/> Macaroni and Cheese |
| <input type="checkbox"/> Oatmeal | <input type="checkbox"/> Steamed Vegetables |



**** DO NOT** eat or drink after midnight the night before your procedure if you are receiving IV sedation.

**** Bring an escort to REMAIN** in the office during your procedure.

Failure to follow these instructions may result in your surgery being canceled!!